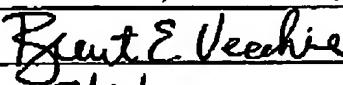
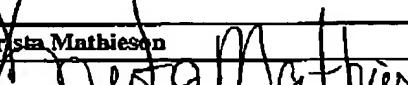


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/041,039
		Filing Date	December 28, 2001
		First Named Inventor	Carl I. Green
		Art Unit	2675
		Examiner Name	Nelson, Alecia Diane
Total Number of Pages in This Submission	13	Attorney Docket Number	42390P13009

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"><input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)</div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"><input type="checkbox"/> PTO/SB/08</div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA</div> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Certificate of Facsimile	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	7/12/05

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.	
Typed or printed name	Krista Mathiesen
Signature	
Date	7/12/05

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 05/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

JUL 12 2005

FEE TRANSMITTAL for FY 2005

Patron fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 50.00)

<i>Complete if Known</i>	
Application Number	10/041,039
Filing Date	December 28, 2001
First Named Inventor	Carl I. Green
Examiner Name	Nelson, Alecia Diane
Art Unit	2675
Attorney Docket No.	42390P13009

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. Credit any overpayments

FEES CALCULATION

1. EXTRA CLAIM FEES

Total Claims	21	: 20' =	1	x	50.00	=	550.00
Independent Claims	3	: 3' =	0	x	200.00	=	\$0.00
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	250	2203	150	Multiple Dependent claim, if not paid
1204	300	2204	150	“Reissue” Independent claims over original patent
1205	600	2205	150	“Reissue” claims in excess of 20 and over original patent
		SUBTOTAL, (1)		(5) 50.00

**or number previously paid, if greater. For Petrucci, see below.*

2 ADDITIONAL FEES

Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code (\$)	Fee Description
1051	130	2051	85 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
2063	120	2063	130 Non-English specification
1251	120	2251	60 Extension for reply within first month
1282	450	2252	225 Extension for reply within second month
1263	1,020	2253	510 Extension for reply within third month
1254	1,530	2254	795 Extension for reply within fourth month
1255	2,160	2255	1,080 Extension for reply within fifth month
1401	500	2401	250 Notice of Appeal
1402	500	2402	250 Filing a brief in support of an appeal
1403	1,000	2403	500 Request for oral hearing
1451	1,510	2451	1,510 Petition to institute a public use proceeding
1450	120	2480	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(d)
1806	180	1806	160 Submission of Information Disclosure Stmt
1809	790	1809	395 Filing a submission after final rejection (37 CFR 5.1.1)
1810	780	2810	395 For each additional invention to be examined (37 CFR 5.1.1)
Other fee (specify)			
			SUBTOTAL (2)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>			Date	7/12/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Socoloff, Taylor & Zaitman (wtr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450

JUL 12 2005

Our Docket No: 42P13009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Carl I Green

Serial No: 10/041,039

Filed: December 28, 2001

For: Horizontal Wheel User
Input Device

Examiner: Nelson, Alecia D.

Art Unit: 2675

PRELIMINARY AMENDMENT

Mail Stop: RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Prior to examination of the present application, please enter the following amendments and consider the following remarks.

Certificate of Facsimile

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

Date of Deposit: July 12, 2005Name of Person Faxing Correspondence: Krista MathiesonKrista Mathieson

Signature

7/12/05

Date

07/13/2005 TL0111 00000057 10041039
 02 FC:1251 120.00 DA

07/13/2005 TL0111 00000057 022666 10041039
 01 FC:1202 50.00 DA

Attorney Docket No. 42P13009
 Application No. 10/041,039